**Capacitar Wellbeing Practices for Nurses in Social Care**

**Application Form – 2022**

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| Name: |  |
| Job title: |  |
| Employer: |  |

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| --- | --- |
| Work email:  |  |
| Home email: |  |

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| --- | --- | --- |
| Preferred email: | Work |[ ]  Home |[ ]

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| --- | --- |
| Address: |  |
| Phone:  |  |

Please tell us a little bit about yourself and why you are interested in doing this training.

1. My role

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1. Experience with self-care practices, including Capacitar

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1. Please tell us how would you anticipate using this opportunity in your current role?

(100-250 words)

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| I confirm that I am able to commit to attending all four of the scheduled modules. |[ ]
| I have the support of my line manager to share the practices with the team as part of the collective wellbeing support for staff.  |[ ]

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| Manager’s email:  |  |